

Evaluating Physical and Mental Health in San Diego County



BARRIERS TO PHYSICAL HEALTH FOR ADULTS AND OLDER ADULTS IN SAN DIEGO

“Mental health disorders have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today’s most pressing chronic diseases, including diabetes, heart disease, and cancer” (Healthy People, 2010). Thus, addressing both mental health and physical health problems is important for clients’ well-being.

The San Diego County Health and Human Services Behavioral Health Division has put forth several initiatives focused on improving the health of San Diego County residents. Two initiatives in 2009 focused on the physical health of adult mental health clients in San Diego (see center box). Additionally, on July 13, 2010, the County of San Diego Board of Supervisors adopted the Live Well, San Diego! campaign, a 10-year strategy to improve the health and wellness of the San Diego region. The ultimate goal of

SAN DIEGO COUNTY INITIATIVES

With modifiable problems affecting this population so severely, San Diego County Behavioral Health Services is responding with two initiatives to address the problem:

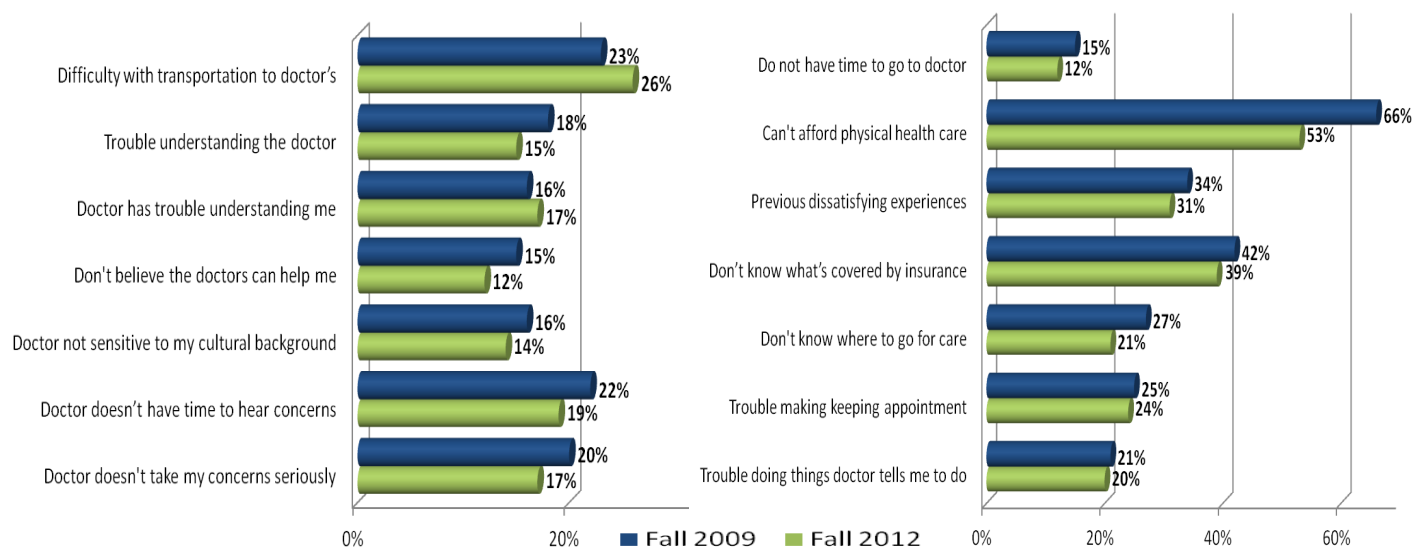
- *integrating mental health and physical health services and;*
- *providing new program services to address physical health issues.*

UCSD’s Health Services Research Center (HSRC) is working closely with SDBHS to evaluate the feasibility and effectiveness of these changes.

Live Well, San Diego! is to achieve the vision of a healthy, safe and thriving San Diego County. A primary goal of the Live Well campaign is to increase awareness and access to health-related services for San Diego residents.

In an earlier report, the physical health care needs of San Diego adult mental health clients were explored with survey data collected in Fall 2009. The same data was again collected in 2012 and is compared in the current report. In both surveys, clients reported several barriers to accessing physical health care including financial barriers, lack of information, and poor client/provider rapport. The greatest changes from 2009 to 2012 were seen in the percentage of clients reporting that they could not afford health care (66% vs. 53%, respectively), and that they did not know where to go for care (27% vs. 21%, respectively).

Barriers to accessing adequate PHYSICAL HEALTH care



San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009 and Fall 2012

ADULT CLIENTS' PHYSICAL HEALTH

Data on clients' self reported physical health, diagnosis of chronic diseases, and smoking habits were collected in 2009. The same information was again collected from clients in 2012. Overall, the physical health of San Diego mental health clients remained about the same in 2012, compared to 2009.

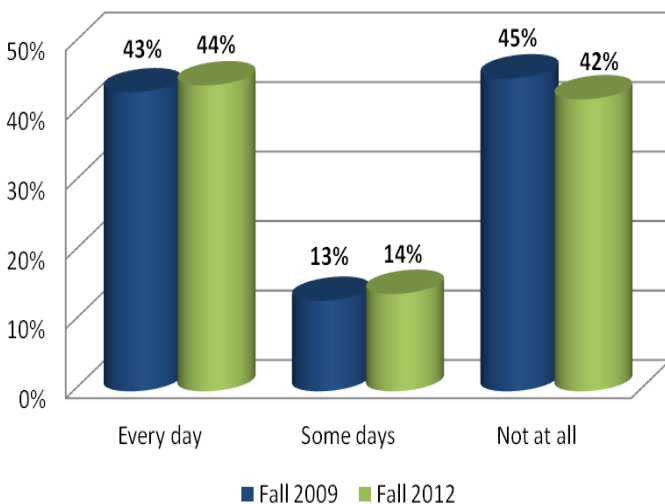
San Diego Adult mental health clients were asked whether they agreed with the statement "I am in good physical health". In 2009, 48% of clients agreed with this statement. The percentage of clients who reported they are "in good physical health" increased to 54% in 2012.

There was an increase in the percentage of clients who agreed with the statement, "I am in good physical health."

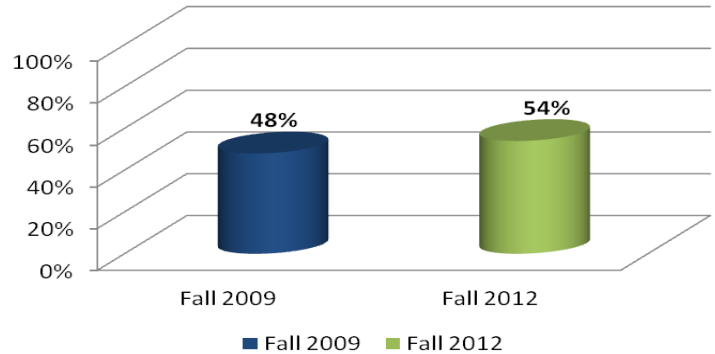
San Diego mental health clients in 2009 and 2012 were asked if they had ever been told by a doctor that they had diabetes, high blood pressure, high cholesterol, or another chronic physical condition. Comparing diagnoses at both times show similar rates of chronic illness. There was a slight increase in the percentage of clients diagnosed with diabetes, and slight decreases in the percentage of clients diagnosed with high blood pressure, high cholesterol, or another chronic illness.

The smoking habits of mental health clients in San Diego were similar in 2009 and 2012. The percentage of clients who smoke every day or some days increased slightly, whereas the percentage of clients who do not smoke at all decreased slightly from 2009 to 2012.

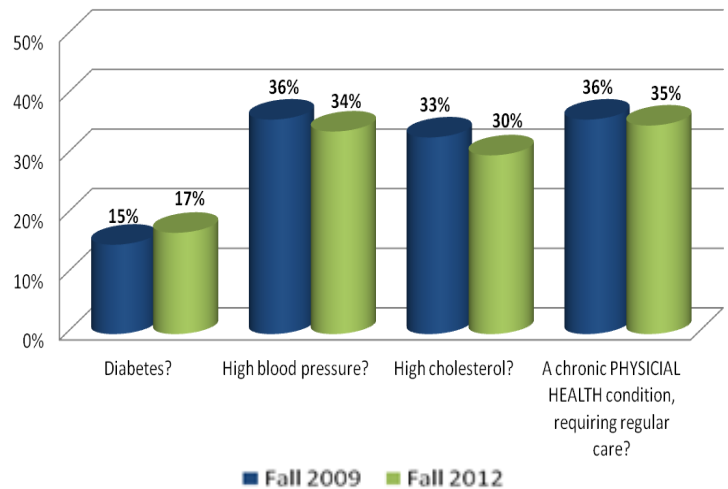
"How much do you smoke?"



Percentage agreement with the statement, "I am in good physical health"



Percentage of people ever diagnosed with diabetes, high blood pressure, or high cholesterol



ADULT CLIENTS' ACCESS TO PHYSICAL HEALTH CARE AND SERVICES

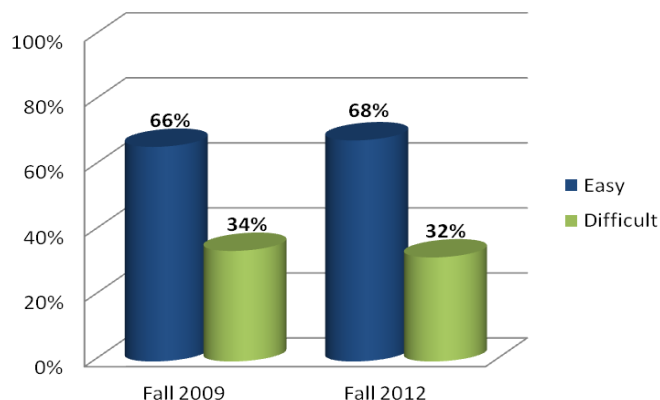
Comparison of San Diego mental health clients' access to physical health care and services revealed many similarities in 2009 and 2012. For example, 70% of respondents indicated in both surveys that they seek help from somebody (versus nobody) for a physical health. However, there was a change in clients' ease of access to healthcare. In 2009, 66% of clients reported that it was easy for them to get help for a physical health problem. The percentage of clients reporting easy access to healthcare for physical health problems increased slightly to 68% in 2012.

More clients reported easy access to healthcare for a physical health problem.

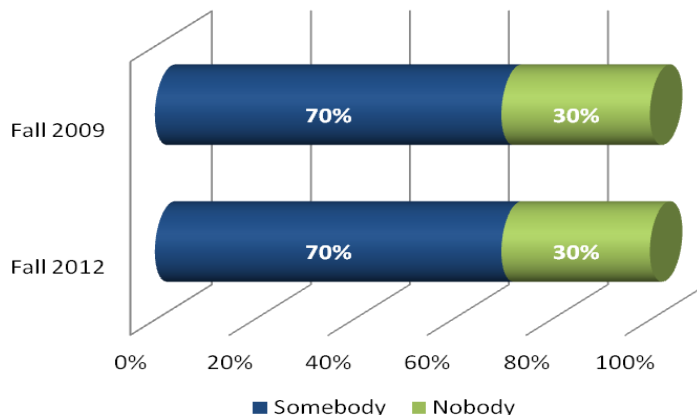
San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009 and Fall 2012

ADULT CLIENTS' ACCESS TO PHYSICAL HEALTH CARE AND SERVICES

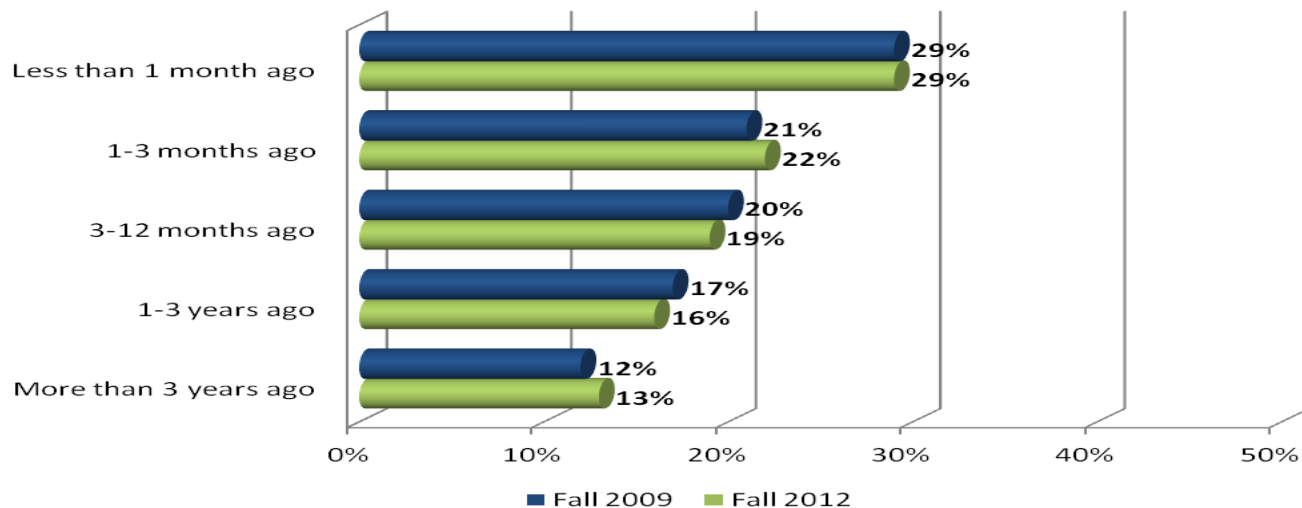
Access to healthcare when clients have a health problem



Who do you seek help from for a non-emergency physical health problem?

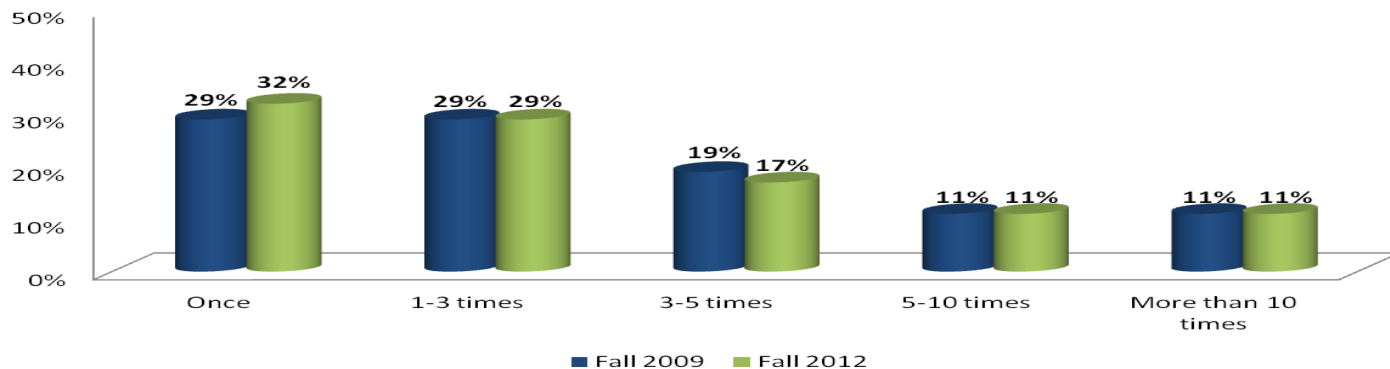


Last time clients received medical care for a physical health problem



The proportion of clients reporting the last time they received medical care for a physical health problem remained about the same from 2009 to 2012. Similarly, the number of times clients sought medical care for a physical health problem in the past year remained about the same. There was a slight increase from 2009 to 2012 in the proportion of clients seeking medical care once in the past year. There was also a slight decrease over time in the percentage of clients seeking care 3-5 times in the previous year.

In the past year, how many times did you seek medical care for a physical health problem?



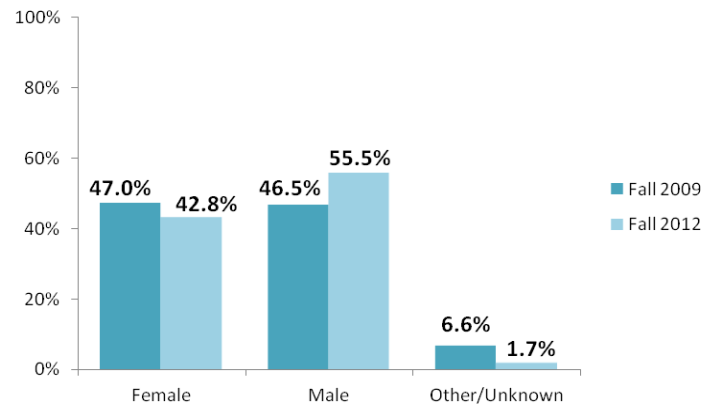
San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009 and Fall 2012

CLIENT CHARACTERISTICS

The SDBHS uses the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey to assess adult consumers' perceptions of quality and outcomes of care. The survey targets all adults and older adults receiving mental health services, case-management, day treatment and medication services from county providers during a one-week sampling period annually (prior to spring 2011 the survey was conducted for a 2 week period semi-annually). The survey includes MHSIP items, as well as supplemental items such as physical health items, each time to gather longitudinal data across time. The current report includes data only for clients who completed the physical health items of the survey.

Information collected included clients' preferred language, age, gender, race/ethnicity, mental health diagnosis, and insurance status. In 2009, 88% of clients' preferred language was English, and in 2012 92% of clients reported English as their preferred language. At both time points, the majority of clients were White and between the ages of 25-59. Additionally, most client diagnoses included either Schizophrenia and Schizoaffective disorders (33% in 2009; 48% in 2012), Major Depression disorders (24% in both years), and Bipolar disorders (19% in 2009; 20% in 2012). Finally, there was a notable change in clients' insurance status. In 2009, 50% of clients surveyed were uninsured, whereas in 2012 the percentage of uninsured clients was 32%.

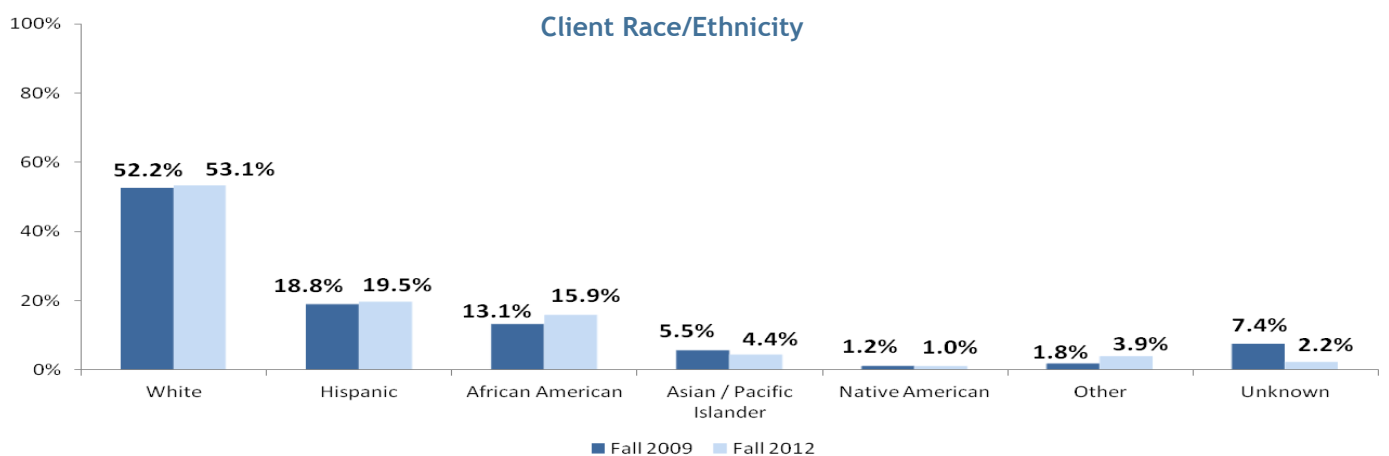
Client Gender



Client Age



Client Race/Ethnicity



San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009 and Fall 2012
N for Fall 2009 varied from 1300-1353; N for Fall 2012 varied from 450-713

The HEALTH SERVICES RESEARCH CENTER at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the San Diego County Health and Human Services Behavioral Health Division to evaluate and improve mental health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information about HSRC please contact Andrew Sarkin, PhD at 858-622-1771.



Physical Health Outcomes: San Diego County Mental Health and I-CARE

November 2013



Comparison of Physical Health Outcomes

To further the evaluation of the San Diego County Behavioral Health initiatives proposed to provide services that address physical health issues for mental health clients in an integrated health setting, HSRC will include I-CARE client outcomes in additional analyses. I-CARE is an integrated mental and physical health program implemented in San Diego as an Innovations program as a result of the initiatives. The focus of the I-CARE program is to enhance mental and physical wellness through a holistic and collaborative continuum of care across a primary care and mental health clinic. The physical health outcomes of San Diego County mental health clients and I-CARE clients will be compared and discussed in a separate report. Data of I-CARE clients who completed the physical health items of the Client Satisfaction survey in Fall 2009 and/or Fall 2012 will be selected for comparison with all other San Diego County clients who completed the same survey. Thus, there will be comparisons of both groups at two points in time. The following physical health outcomes will be compared for San Diego mental health clients and I-CARE clients:

- *Barriers to accessing adequate physical health care*
- *Access to physical health care and services*
- *Clients' physical health status*

Additional Recommendations

In addition to the analyses described above, we recommend comparison of recovery outcomes for clients enrolled in the I-CARE program with clients in an other, similar mental health program (or programs) in San Diego County. The program chosen for comparison should be matched by program type and client demographics. Client outcomes to be compared will include IMR and RMQ assessments. For example, change in IMR subscale (recovery, management, substance) and total scores will be compared for I-CARE clients and San Diego mental health clients. Demographic variables (e.g. gender, age, education level, mental health diagnosis, etc.) of clients served in both programs will also be examined.

Impact of the Affordable Care Act on Clients' Healthcare

The Affordable Care Act (ACA) includes many reforms to the U.S. healthcare system which will go into effect January 1, 2014. Under the ACA:

- more San Diego County residents will have health insurance coverage.
- healthcare will be focused on primary care and behavioral health integration.
- prevention and wellness will be the priority for clients' health.
- the focus will be on the quality (versus quantity) of care.

Future comparisons of mental health clients' outcomes before and after the ACA was implemented will be crucial to assess the effectiveness of the ACA for San Diego County residents.